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REPORT OF THE EXECUTIVE DIRECTOR FOR 2005: PROGRAMME HIGHLIGHTS*

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* The collection and analysis of data required to present the Executive Board with the most current information has delayed submission of the present document.

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Introduction by the Executive Director

1. The year 2005 was a banner year for UNFPA in terms of both financial and political support. The crowning achievement came at the 2005 World Summit when Heads of State and Government reaffirmed the International Conference on Population and Development (ICPD) goal of achieving universal access to reproductive health as critical to the realization of the Millennium Development Goals (MDGs). In the World Summit Outcome, leaders committed themselves to "achieving universal access to reproductive health by 2015, as set out at the International Conference on Population and Development, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration, aimed at reducing maternal mortality, improving maternal health, reducing child mortality, promoting gender equality, combating HIV/AIDS and eradicating poverty". I would like to take this opportunity to express our deep appreciation to all our partners -- Governments, parliamentarians, bilateral and multilateral organizations, civil society organizations (CSOs), including non-governmental organizations (NGOs), foundations and the private sector for working to ensure this high-level endorsement.

2. Substantial gains were made in 2005, which, together with the changing aid environment and intensified United Nations reform, provided new opportunities to register greater success in leading the ICPD agenda to achieve the MDGs at country level. In line with the General Assembly resolution 59/250 on the triennial policy review of operational activities for development, as well as the Paris Declaration on Aid Effectiveness, UNFPA is supporting national ownership and capacity development in the priority areas of our mandate and aligning with national policies, processes and systems. The steps we have taken, including as part of the United Nations Development Group (UNDG), and the systems we are putting in place reinforce our commitment to make UNFPA a stronger, more field-focused organization with highly skilled staff.

3. Needless to say, our top priority for 2006 is follow-up to the World Summit. We now have an unprecedented opportunity to ensure that population dynamics, reproductive health and gender equality are incorporated into national development strategies, policies and budgets and we must seize this opportunity and translate it into action. At the country level, in support of national strategies, UNFPA is working within the United Nations country teams (UNCTs) to ensure that universal access to reproductive health by 2015 is integrated into national strategies by 2006 to achieve the MDGs and to ensure that this is monitored at country and regional levels. Together with its partners, UNFPA seeks to ensure that sexual and reproductive health is integrated into national health policies, sector reforms, programmes and budgets.

4. In 2005, UNFPA expanded its donor base – the number of donors increased to 172 from 166 in 2004. Multi-year pledges increased to 55 in 2005 compared to 49 in 2004. It is noteworthy that the 172 donors include all countries in sub-Saharan Africa. UNFPA is gratified by the strong support of its donors (see also the report on funding commitments to UNFPA, DP/FPA/2006/3). Regular income in 2005 totalled $365.8 million, an increase of 11.6 per cent compared to the 2004 income of $327 million (all 2005 figures are provisional). Contributions to other resources totalled $193.7 million, an increase of approximately 13 per cent compared to $171.4 million in 2004. Programme expenditures for regular resources in 2005 totalled $243.3 million. The UNFPA system for resource allocation accords the highest priority and the largest share of programme resources to category A countries, which include all the least developed countries (LDCs). This commitment aligns well with the Brussels Programme of Action. For additional details on UNFPA regular resource expenditures in 2005 by programme area, geographical region, and by country category see the statistical overview document, DP/FPA/2006/2 (Part I, Add.1).

5. Partnerships are essential to the work of UNFPA and crucial for working in the new development aid environment. In 2005, UNFPA continued to strengthen and expand its partnerships, including with non-

traditional partners, for example, in the Ministries of Finance, as was evident at the high-level round table on Reducing poverty and achieving the Millennium Development Goals: Investing in reproductive health and rights, in Stockholm, Sweden. Examples of UNFPA partnerships with Governments, CSOs/NGOs, bilateral and multilateral organizations, foundations and the private sector are found throughout the present report.

6. In accordance with decision 2004/20, every two years UNFPA reports comprehensively on progress in implementing the multi-year funding framework (MYFF), and in the intervening year the Fund provides an annual report featuring programme highlights and issues pertaining to organizational effectiveness. Last year, the Fund presented a MYFF progress report. This year, UNFPA presents an annual report that discusses, in Part I, the Fund's response to the new development aid environment, including follow-up to the 2005 World Summit, United Nations reform, and policy dialogue and national development frameworks. Part II of the present report focuses on programme highlights from the Fund's three priority areas of work as defined in the MYFF, namely, reproductive health; population and development; and gender. Part III of the report delineates UNFPA efforts focusing on investing in organizational effectiveness, including the emphasis on results-based programming and accountability. Part IV contains a recommendation for a decision that the Executive Board may wish to adopt.

I. RESPONDING TO THE NEW DEVELOPMENT AID ENVIRONMENT

7. The new development aid environment has created opportunities for UNFPA to capitalize on its leadership role to advance the ICPD agenda and underscore its inextricable linkage to achieving the MDGs. In 2004, the General Assembly in its resolution 59/250 on the triennial comprehensive policy review of operational activities for development set out a road map for organizations of the United Nations system, both collectively and individually, to enhance the United Nations system's development cooperation activities. In 2005, the Paris Declaration on Aid Effectiveness laid down a practical, action-oriented road map to improve the quality of aid and its impact on development. These road maps together with the goals emanating from the global conferences and summits, including the ICPD and the Millennium Summit, provide a coherent framework for the United Nations system to provide more efficient and effective assistance to countries as they draw up national strategies that respond to national needs and priorities. The emphasis on national ownership and national leadership has always been a key guiding principle of the work of UNFPA.

8. In responding to the new aid environment, UNFPA has focused attention on better equipping its country offices to effectively engage in national MDG situation analyses and MDG strategy formulation. Towards that end, UNFPA is developing an electronic package of support, which includes several tools such as software for costing a comprehensive package of reproductive health services, guidance for engaging in poverty reduction strategies, and a checklist for linking sexual and reproductive health and HIV/AIDS.

9. Promoting development and eradicating poverty are global priorities that demand bold action. The ambitious agenda embodied in the Millennium Declaration and the MDGs requires Governments, civil society and international organizations to address population issues, in particular to secure people's rights to sexual and reproductive health as agreed by 179 countries at the ICPD. However, reproductive health and rights remain elusive for the vast majority of the world's people. The Stockholm Call to Action, issued in 2005, drew global attention to the importance of investing in reproductive health and rights as a development priority.

Box 1. Stockholm Call to Action

UNFPA and the Government of Sweden convened the high-level roundtable on Reducing poverty and achieving the Millennium Development Goals: Investing in reproductive health and rights, on 11 and 12 April 2005, in Stockholm, to

draw global attention to the need for increased investments in reproductive health and rights and build on progress made in reproductive health policies and programmes in many countries. The meeting underscored the need to mobilize political commitment, ensure priority investment in reproductive health, link HIV/AIDS and reproductive health programmes, invest in young people's health, and secure financial commitments at national and international levels. Participants, including Ministers, parliamentarians, heads of multilateral agencies, donor representatives and leaders of NGOs, including youth organizations, affirmed their commitment to the attainment of the MDGs and issued the Stockholm Call to Action. The Call to Action emphasizes the multiple benefits from increased investments in reproductive health and rights, and the centrality of these efforts under strong national leadership toward the achievement of the MDGs.

10. Regionalization. In responding to the changing aid environment, UNFPA seeks to become a stronger, more field-focused organization. Towards that end, UNFPA is exploring regionalization options. It is envisaged that regionalization will enhance the Fund's ability to deliver high quality programming at the country level and also strengthen its presence at the regional level. This will enable UNFPA to work more closely with regional and subregional political, economic and financial institutions and ensure that the ICPD agenda is part of their development strategies. Regionalization also provides UNFPA an opportunity to further pursue simplification and harmonization through co-location and common services -- all key aspects of United Nations reform. Currently, UNFPA is investigating possible models for regionalization, together with examining costs and risks. UNFPA will keep the Executive Board informed about progress.

A. The 2005 World Summit and its follow-up

11. The Heads of State and Government that gathered at the United Nations in September 2005, reaffirmed the Millennium Declaration and strongly reiterated their determination to ensure the timely and full realization of the development goals of the major United Nations conferences and summits, including the MDGs. Importantly, the world leaders committed themselves to achieving universal access to reproductive health by 2015, as set out in the ICPD, integrating this goal in strategies to attain the internationally agreed development goals, including those contained in the Millennium Declaration.

12. UNFPA plays a key leadership role in the follow-up to the 2005 World Summit, particularly with regard to positioning the ICPD agenda and advancing its implementation as central to the achievement of the MDGs. In promoting universal access to reproductive health by 2015, UNFPA recognizes that it must work with a wide range of stakeholders to help countries expand access to sexual and reproductive health information and services, which has also been identified as one of the Quick Win strategies by the United Nations Millennium Project. Specifically, UNFPA is working to establish mechanisms and capacity to support countries' engagement in MDG strategy development; and strengthening the capacity of national counterparts and national institutions to implement the MDGs. UNFPA and its partners recognize that reproductive health commodity security (RHCS) is a critical element for success in the follow-up to the World Summit. UNFPA has taken the lead in defining a global programme to enhance RHCS (see the section on RHCS in Part II of the present report).

13. UNFPA expertise in population analysis, its long association with Governments on integrating population into development planning and using data for development are valuable assets that it brings to the policy dialogue table and to programming. These assets, plus the Fund's historical links with maternal health and family planning, and gender issues, are distinct and highly relevant contributions to the joint efforts of UNCTs and partners in assisting countries to achieve the MDGs. UNFPA has a pivotal role in emphasizing the operational linkages between reproductive health, including family planning and sexual health, and the prevention of gender-based violence and HIV/AIDS. The UNDG members, including UNFPA, have developed an action plan to support UNCTs to help countries develop MDG-based poverty reduction strategies or other MDG-based national strategies and sectoral plans.

Box 2. Road maps to reach the MDGs

In Africa, UNFPA, WHO, UNICEF, the World Bank, donor Governments and other partners are working together in supporting countries to implement their national road maps for accelerating the attainment of the MDGs related to maternal and newborn health. Road maps are well under way in Ethiopia, Malawi and the United Republic of Tanzania, and are under preparation in many other countries. They contain clear targets and costing requirements. Also, implementation plans will be developed to rapidly scale up programmes. The overall goal is to ensure access to family planning, skilled attendance at delivery, and basic and comprehensive emergency obstetric care.

B. United Nations reform

14. In support of United Nations reform efforts, UNFPA maintains that the needs of developing countries must be paramount. In line with the principles of General Assembly resolution 59/250 on the triennial comprehensive policy review of operational activities for development and the Paris Declaration on Aid Effectiveness, UNFPA stresses the importance of national ownership and leadership. UNFPA views United Nations reform as an opportunity to strengthen the full integration of the ICPD Programme of Action into national policy and strategy development and execution within the context of the MDGs.

15. Development is about people. United Nations reform must be primarily motivated by an ambition to serve people better to achieve their own development goals. The guiding principles for UNFPA are reform that empowers people and improves human rights; promotes national ownership and national development; places a premium on results and accountability; and leads to improved programme delivery at the country level. Clearly, the success of United Nations reform will be determined by the extent to which the United Nations capacities at the country level are fully harnessed and strengthened operationally to support developing countries in implementing programmes that respond to national needs and priorities. Effective sharing and management of knowledge; inclusive mobilization of all United Nations system resources; and increased transparency and accountability are key aspects of reform and system-wide coherence. Reform must simplify and streamline processes and lower transaction costs for programme countries, the United Nations system and donors.

16. One leader, one programme, one team. The UNDG Executive Committee members have agreed to a more effective, efficient, coherent, coordinated and better-performing United Nations country presence. This will be achieved through a strengthened Resident Coordinator system: one leader representing the whole United Nations; one programme of support; and one country team. It will require joint ownership of the Resident Coordinator system and separation of the responsibility of managing programmes and leading the United Nations country team. This will be reinforced by increased accountability, including assessment of the Resident Coordinator and the UNCT by regional directors' teams.

17. Simplification and harmonization. UNFPA has long been an active partner in the United Nations system-wide efforts to increase efficiency and effectiveness through simplifying and harmonizing policies, procedures and processes. The Fund continues this involvement through the UNDG. In 2005, UNFPA continued updating its programming guidelines, systems and tools to align them with the harmonized programming process. At the same time, UNFPA, as chair of the UNDG Programme Committee, led the work on further simplification of the programming process and improvement of the country programme approval procedure. This effort was undertaken in response to the recommendations of the General Assembly resolution on the triennial comprehensive policy review of operational activities for development and the new aid environment. With a view to enhancing the coherence and effectiveness of United Nations programmes and reducing transaction costs related to their formulation, implementation, monitoring and evaluation, the UNDG Executive Committee agencies are presenting options to their respective governing bodies for modifying the

country programme approval process (see DP/2006/34 – DP/FPA/2006/12). The simplified format being proposed would form part of the overall consolidated United Nations Development Assistance Framework (UNDAF) document, developed under national leadership.

18. Joint programmes. Joint programmes are an outcome of the joint programming process (see also the report on the implementation experience of joint programming and joint programmes, DP/2006/33 - DP/FPA/2006/11). Collaboration among the agencies has been facilitated by the common country programming process and the issuance of the inter-organization guidance note on joint programming. UNFPA is participating in a total of 147 joint programmes and is the lead agency in a number of these programmes – in the areas where it has a comparative advantage and acknowledged leadership within the United Nations system, namely, HIV/AIDS prevention, reproductive health, young people's health, data for development, and gender, including addressing gender-based violence. The joint programming modality provides opportunities for UNFPA to ensure that its areas of mandate are reflected in macro-level plans and strategies. Benefits resulting from joint programming include: reduced transaction costs; reduced duplication; increased coherence of activities for greater effectiveness; improved information and knowledge base in countries; and opportunities to leverage additional resources.

19. Joint office. To increase synergies and efficiency in countries where there is limited United Nations presence, the joint office model initiative was launched by the Heads of the four UNDG Executive Committee agencies, as part of the reform agenda to streamline United Nations operational activities. The joint office model aims at one Representative who is also the Resident Coordinator; one organizational structure; one set of business processes, rules and regulations; agency neutrality; and an established United Nations governance process that preserves the mandates and issues of all the participating agencies. In 2006, the first ever United Nations joint office for UNDP, UNFPA, UNICEF and WFP became operational in Cape Verde with the active involvement and cooperation of the Government. Lessons learned from this pilot experience will assist the United Nations system in implementing the joint office model in other countries.

C. Policy dialogue and national development frameworks

20. Raising the profile of population, reproductive health and gender as key components in poverty reduction strategies and sectoral policies among policymakers, development partners and other stakeholders is one of the Fund's most challenging tasks. UNFPA is utilizing its solid technical expertise, extensive multisectoral programming experience, and its position as a trusted and reliable development partner to promote and advocate the inclusion of population, reproductive health and gender issues in poverty reduction strategies. UNFPA is carrying this forward through policy dialogue, capacity development and strengthening partnerships with Governments, parliamentarians, bilateral and multilateral organizations, CSOs/NGOs, the private sector and other development partners.

21. Poverty reduction strategies. UNFPA accords high priority to increasing its involvement and participation in poverty reduction and national development strategies to ensure that population, reproductive health and gender are included in these frameworks. In 2005, UNFPA was involved in 35 out of the 37 countries where a full poverty reduction strategy paper (PRSP) has existed since 2003 or was under development in 2005. The level of UNFPA involvement varies according to the nature and significance of interventions, as well as the willingness of Governments to open the PRSP process to international organizations, including UNFPA.

22. With regard to the 12 PRSPs that were under development in 2005, UNFPA was engaged in 11 of them to ensure that the poverty reduction strategies addressed reproductive health and gender issues. Towards that end, UNFPA emphasized the inclusion of sex-disaggregated indicators; made available and promoted the use of

tools and methodologies for Governments to cost reproductive health and gender strategies and activities, for example, in Guinea and Mozambique; piloted innovative interventions in reproductive health and promoted them as models for scaling up, for example, in Benin, Guatemala, Mauritania and Yemen; advocated with partner Governments and donors for increased investment in reproductive health and gender in the PRSPs in Burundi, Democratic Republic of the Congo, Honduras, Malawi and Senegal; and involved civil society in advocating for reproductive health and gender, and in monitoring and evaluation activities, for example, in Benin, Burundi, Central African Republic, Democratic Republic of the Congo, Gambia, Honduras, Mauritania, Mozambique and Senegal.

23. Examples of good practices/approaches utilized by UNFPA in engaging in the PRSP process include the following: joint support with UNDP to Participatory Poverty Assessments in all 13 regions of Namibia; support to develop subnational (state and provincial level) PRSPs in the Democratic Republic of the Congo, Namibia and Nigeria; and support to develop national monitoring and evaluation systems for PRSP monitoring and reporting in 12 countries, including Armenia, Azerbaijan, Burkina Faso, Colombia, Equatorial Guinea, and the United Republic of Tanzania. It should be underscored that UNFPA greatly values its growing partnerships with civil society within the PRSP process.

24. In 2005, UNFPA continued its work in the area of youth, poverty and population to influence global/national-level policy dialogues. It has produced and disseminated a document on how to include youth issues in PRSPs, MDG-based national development strategies, and sectoral reforms and frameworks. The publication entitled *The Case for Investing in Young People as part of a National Poverty Reduction Strategy* presents arguments for a public policy focus on young people and explains why young people should get more attention in country strategies to reduce poverty.

25. UNFPA has made a concerted effort to strengthen its own capacity to mainstream population and reproductive health issues into national poverty reduction strategies. A UNFPA action guide entitled *Contributing to National Poverty Reduction Strategies* was prepared to assist country office staff in focusing their engagement in the PRSP process, including in policy dialogue. Arguments have been developed to illustrate the linkages between reproductive health, gender, population and poverty reduction. Training has been provided to UNFPA Representatives to proactively seek opportunities and entry points for UNFPA participation in the nationally-led poverty reduction processes and strategies.

26. Sector-wide approaches. UNFPA is participating in sector-wide approaches (SWAps) in the health sector in 25 countries. In the Africa region, the UNFPA contribution to pooled health sector funding in different countries ranges between $10,000 and $600,000 per year. However, UNFPA is able to leverage additional funding for reproductive health through its participation in the sector policy dialogue. For example, in the United Republic of Tanzania, in accordance with annual contraceptive forecasting, UNFPA and its partners were able to secure an allocation of $5.8 million for contraceptives in the government health sector budget, 2006-2007. This is evidence that it is critical for UNFPA to engage in policy dialogue to ensure that reproductive health components are well planned, budgeted and implemented in the concerned countries.

II. PROGRAMME HIGHLIGHTS

A. Reproductive health

27. The ICPD Programme of Action underscores that reproductive health, including sexual health, is essential to human well-being. It also recognizes that universal access to reproductive health information and services, including family planning and maternal health services, can affect population dynamics through voluntary fertility reduction, as well as reduce maternal, infant and child mortality, and prevent HIV infections. Empowering women and men with education, equal opportunities, and comprehensive reproductive health services promotes social and economic development and contributes to poverty reduction. Achieving good reproductive health underpins all the MDGs, especially MDG 1 (eradicate poverty), MDG 3 (achieve gender equality), MDG 4 (reduce child mortality), MDG 5 (improve maternal health), and MDG 6 (combat HIV/AIDS).

1. Maternal health

28. Reducing maternal mortality and morbidity is a priority area for UNFPA, which together with partners, supports safe motherhood interventions in close to 90 countries. The UNFPA maternal health strategy has three pillars: (a) family planning to ensure that all pregnancies are wanted; (b) skilled care at all births; and (c) accessible basic and comprehensive emergency obstetric care in the event of complications. The Campaign to End Fistula is also a key part of the Fund's maternal health strategy, bringing attention to a long neglected, devastating, and entirely preventable condition.

29. An estimated 530,000 women die each year from complications of pregnancy and childbirth, with over 90 per cent of the deaths occurring in South Asia and sub-Saharan Africa, and less than 1 per cent in the more developed regions. Annually, another 10 to 20 million women are estimated to suffer severe health problems due to pregnancy and childbirth, including such debilitating conditions as obstetric fistula. The MDGs have highlighted the crucial role of the midwife in the path to improved maternal health by including an indicator on the proportion of births attended by skilled personnel. However, it is estimated that currently only 40 per cent of births in low-income countries are assisted by skilled attendants. This highlights the large effort needed to reach the target of 90 per cent coverage of births by 2015. About 700,000 more midwives are needed to provide universal access to skilled care at birth. Facilities need to be equipped and staffed 24 hours a day to provide emergency care for complications when they arise. The facilities also need to be geographically and financially accessible to clients. A recent study in seven developing countries found that only 32 per cent of women who needed a life-saving intervention received it.

30. To address maternal health and safe motherhood, the Partnership for Maternal, Newborn and Child Health was launched in 2005. The Partnership includes UNFPA, UNAIDS, UNICEF, WHO and the World Bank, in addition to Governments, bilateral and multilateral organizations, NGOs and CSOs, medical and research institutions, foundations and universities. In 2005, the international initiative to mainstream emergency obstetric care (EmOC) undertaken by UNFPA with the Averting Maternal Death and Disability programme of Columbia University, WHO, UNICEF and other partners expanded its reach. Most low-income countries in Africa and South Asia have conducted needs assessments for obstetric care and initiated scaling up of programmes. For example, in the Africa region, EmOC is now included in the national road maps for accelerating the progress towards the health MDGs. Additional efforts are needed, however, to train mid-level providers, revise standards and protocols to integrate evidence-based practices, and scale up the availability, accessibility and quality of basic facilities. Additional attention is being given to the monitoring of maternal health programmes, testing and validating new sets of indicators such as the United Nations EmOC process indicators, particularly in the pilot countries, India, Morocco, Mozambique, Nicaragua and Senegal.

31. Obstetric fistula. The Campaign to End Fistula registered significant growth in 2005 and is now active in over 30 countries in Africa, Asia and the Arab States. The Campaign focuses on three key areas - prevention, treatment, and reintegration. In 2005, needs assessments were completed in six new countries; and 15 countries are currently implementing strategies in prevention, treatment and rehabilitation. Visibility for fistula was raised in many arenas, including through a front-page article in the New York Times and in other major media, including CNN International, resulting in increased resources. In 2005, UNFPA continued its role as the secretariat of the International Obstetric Fistula Working Group; and strengthened partnerships with the private sector, including companies such as Johnson & Johnson, Young and Rubicam, and Virgin Unite. More than 100 senior officials from the Ministries of Health of 34 countries, international agencies and NGOs met in Johannesburg, South Africa, in October 2005, and urged Governments to ensure the rapid implementation and scale up of national programmes to address maternal health and obstetric fistula. The meeting agreed to submit the *Johannesburg Call to Action to Make Motherhood Safer by Addressing Obstetric Fistula* to the African Union for adoption.

32. Family planning. Whereas family planning services are prominent in UNFPA-supported country programmes, it is imperative to focus efforts on increasing the coverage of the population and service utilization. UNFPA collaboration with WHO led to the initiation of country-level activities in several countries across all regions of the world to integrate family planning services with the control of sexually transmitted infections (STIs). Regional workshops were held to discuss country proposals and ensure sharing of information between neighbouring countries. UNFPA country offices in Africa are actively involved in the inter-agency initiatives for repositioning of family planning to ensure that contraceptive prevalence is increased in order to address unmet needs, especially in Western Africa. A major interregional meeting was held jointly with the Japanese Organization for International Cooperation in Family Planning (JOICFP) in Tokyo, in December 2005, in order to review the role of behaviour change communication in the delivery of reproductive health services with special emphasis on family planning.

33. Clearly, the promotion of contraceptive methods in service delivery should be accompanied by continuing efforts to improve the quality of the care being provided. UNFPA funding for the WHO Special Programme of Research, Development and Research Training in Human Reproduction led to joint initiatives to investigate service delivery issues, as well as to give more prominence to family planning in policy decisions in the context of SWAps. UNFPA funding to the Population Council's International Committee on Contraceptive Research led to the production of a contraceptive vaginal ring; the feasibility of its use for menopausal hormone replacement therapy is currently being studied. The Fund's collaboration with the Programme for Appropriate Technology in Health (PATH) led to the preparation of a monograph *Meeting the Need: Strengthening Family Planning Programs*. The availability of reproductive health commodities is crucial to enable the delivery of services. Discussions were held with WHO to revise the joint list of essential drugs and other commodities for reproductive health services.

34. Challenges. The shortage of health workers and service providers is one of the most significant constraints to reaching the health MDGs. Together with its partners WHO, UNICEF and others working in the field of safe motherhood, UNFPA recognizes the value of professional midwives and their contribution to making pregnancy and childbirth safer for all women. Key challenges being faced in the follow-up to the 2005 World Summit include the following: (a) the need to increase investment in programmes for reproductive health service delivery; (b) the need to address major misconceptions and information gaps; and (c) the need to increase the variety of entry points for service delivery. UNFPA and its partners are working to ensure that reproductive health, including family planning is given high priority in national development planning for achieving the MDGs.

2. Reproductive health commodity security

35. Reproductive health commodity security is achieved when all individuals can obtain and use affordable, quality reproductive health commodities of their choice whenever they need them. UNFPA is committed to supporting countries in achieving RHCS as a key element in their efforts to attain ICPD goals and the MDGs. While many countries had faced commodity stock-outs in 2004, in 2005 all urgent requests from countries for reproductive health commodities were met as a result of the UNFPA thematic trust fund for RHCS and other emergency response activities. About $39 million from the trust fund was utilized to meet the commodity needs of 51 countries, with a majority of them in sub-Saharan Africa. Reproductive health supplies in the amount of $1.5 million were also provided for people affected by the Indian Ocean tsunami and the earthquake in Pakistan. Major donors to the trust fund include the Netherlands and the United Kingdom.

36. In collaboration with national counterparts and other UNFPA partners, encouraging outcomes related to RHCS were realized in 2005: approximately 40 countries have included or made a commitment to include budget lines dedicated to reproductive health commodities in their national budgets; several countries established national coordination committees on RHCS; and many countries included contraceptives on their essential drugs lists. Such commitment was evident in West Africa, when the ECOWAS Ministers of Health and the West African Health Organization health experts pledged to include budget lines for reproductive health commodities in national budgets and to create RHCS national coordination committees. This is highly significant considering that the percentage of married women using modern methods of contraception in the subregion stands at 8 per cent (among the lowest in the world); and given that for every 100,000 live births in West Africa, there are 880 maternal deaths.

37. In 2005, UNFPA provided reproductive health commodities to countries in all regions, with most of the supplies being provided to countries in sub-Saharan Africa. Female condoms were provided to approximately 24 countries, including Ethiopia, Honduras, Myanmar, Mongolia, Nigeria, Rwanda, Senegal, Vanuatu and Zimbabwe. A project to enhance the global supply base of quality assured suppliers for condoms and intrauterine devices (IUDs) was launched in 2005. The project is being executed in consultation with WHO and will offer pre-qualification to condom and IUD suppliers that express an interest. A list of quality assured suppliers will be produced and will be available to Governments and NGOs. During 2005, UNFPA provided reproductive health supplies to the International Planned Parenthood Federation (IPPF) and also supported IPPF in conducting the Total Market Initiative, a research study analyzing the overall contraceptive market in seven countries: El Salvador, Honduras, Jordan, Morocco, Peru, Romania and Ukraine.

38. Global programme to enhance RHCS. In 2005, UNFPA, in close collaboration with its partners, developed a global programme that seeks to mainstream RHCS as a key programmatic vehicle through which UNFPA and its partners can encourage national efforts to link country-level interventions to progress in achieving the ICPD goals and the MDGs. The global programme is a critical follow-up response to the 2005 World Summit and feeds into the process of assisting countries in integrating the goal of universal access to reproductive health into national strategies. The global programme aims to promote strategic international support for RHCS and to secure regular and dependable funding for sustainable RHCS at the country level.

39. The global programme emphasizes national ownership and closely aligns with the principles of the Paris Declaration on Aid Effectiveness and United Nations reform. Integrated approaches to achieve RHCS and enhanced national capacity and the ability to reliably provide reproductive health commodities at country level are among the expected programme results. In addition, to ensure that the global programme helps to build sustainability in the area of RHCS, countries are encouraged to use up to 50 per cent of global programme funding to enhance capacity and systems, while the rest can be utilized for commodity provision. The global

programme envisages that in each country national stakeholders – Government, private sector and civil society – would establish an RHCS Coordination Committee to define, own and drive the national strategy and plan of action to enhance RHCS.

40. Challenges. A key challenge in the area of RHCS is that the requests for emergency reproductive health commodity needs have far surpassed the funds available for supplies. Developing countries have been facing reproductive health commodity shortfalls, mainly as a result of financing gaps or uneven financing coupled with inadequate supply systems. These gaps are likely to continue unless a longer-term strategy to ensure the stability of funding for reproductive health supplies and support for capacity development activities are put into place. Countries experiencing shortfalls of reproductive health commodities require stable and sustained funding to ensure RHCS.

3. HIV/AIDS

41. Returns on investments in HIV prevention are being seen. HIV infection rates have fallen recently in several countries in regions most severely affected by AIDS – sub-Saharan Africa and the Caribbean. However, the global reality is that the AIDS epidemic continues to outstrip global and national efforts to contain it. With 5 million new infections in 2005, the number of people living with HIV globally has reached its highest level ever at an estimated 40.3 million people, nearly half of them women. The global response to AIDS is firmly dedicated to move as close as possible to universal access to prevention, treatment, care and support. This will require strengthening HIV-prevention and HIV-treatment programmes simultaneously -- building on synergies -- to increase impact and ensure sustainability.

42. UNFPA is working in a focused way with its partners to intensify HIV prevention and strengthen HIV/AIDS and sexual and reproductive health linkages. This includes seamless planning and work on reproductive health commodity security and comprehensive condom programming for HIV prevention; universal access to reproductive health; addressing gender-based violence; the prevention of infection in women and young people; and meeting the sexual and reproductive health needs of people living with HIV, especially women and girls. Planning and action will continue to focus on strengthening capacities and support for scaling up national programmes with an emphasis on HIV prevention as per the agreed inter-agency division of labour.

Box 3. Scaling up HIV prevention in Mozambique

In Mozambique, "Geraçao Biz" represents a UNFPA-supported programme in the midst of a successful scale-up. Currently, this HIV-prevention programme operates in eight of the country's 11 provinces. The plan is that by the end of 2009 the programme will be present in all provinces and will reach at least 60 per cent of Mozambique's young people. The programme works in health centres and hospitals through youth-friendly health service clinics; and in schools through "youth corners". Out-of-school youth are reached through youth centres and peer activists. The programme uses drama, sports and community radio to reach young people. A cornerstone of the programme is to involve the young people in the planning, design and implementation of activities.

43. UNFPA carries out its work in accordance with the "Three Ones" principles: one national AIDS coordinating authority, one national AIDS action framework, and one monitoring and evaluation system. In supporting Governments to build capacity and scale up their responses, UNFPA pays close attention to the reality on the ground and uses culturally sensitive approaches in its programming. Building on the New York and Glion calls to action, and in recognition of the role of reproductive health in reaching the MDGs, UNFPA, WHO, UNAIDS, and IPPF jointly developed advocacy, policy and programmatic guidance for linking sexual and reproductive health (SRH) and HIV/AIDS. To formulate an effective rights-based approach, UNFPA and EngenderHealth undertook qualitative research on client, provider, and policymaker perceptions of SRH needs

of women living with HIV and the gaps in SRH policies and programmes for women living with HIV. The framework and related programming and training manual have been tested in Ethiopia and the Ukraine.

44. Implementing GTT recommendations. UNFPA and its partners are committed to implementing the recommendations of the Global Task Team (GTT) on Improving AIDS Coordination. Areas of progress include enhanced commitment of co-sponsors to implement the recommendations; critical involvement of the Global joint problem solving and implementation support team (GIST) in resolving issues in several countries, including Bolivia, Guinea-Bissau and Niger; establishment of Joint Teams on HIV/AIDS (in China, Honduras, India, Indonesia, Malawi, Mozambique, Russian Federation, Ukraine, Zambia and Zimbabwe) which are working towards a joint programme for support to national AIDS strategy; review of PRSP guidance in seven countries; and preparation of guidelines by the Global Procurement and Supply Management Working Group. UNAIDS Country Coordinators report that in 80 per cent of countries covered, GTT recommendations have been discussed with country level partners and have been used as input for United Nations theme group planning in 73 per cent of the countries.

45. Division of labour. To increase the effectiveness and coherence of UNAIDS efforts to assist countries in addressing HIV/AIDS, a division of labour among organizations has been agreed. Accordingly, UNFPA has been designated the lead agency for provision of information and education, condom programming, prevention for young people outside schools and prevention efforts targeting vulnerable groups. UNFPA has been asked to lead the United Nations system response on sex work and HIV/AIDS.

46. Young people. As convening agency, UNFPA has worked in all regions to fill information gaps related to coverage of youth prevention services; developed technical guidance on underserved groups such as young adolescents; provided good practices on youth-adult partnerships; and gathered evidence to support engagement in policy dialogue and advocacy efforts for scaling up HIV prevention efforts by and for young people. Partnerships at the country and regional levels with other co-sponsors and civil society partners have helped raise the awareness of policymakers and the development of national strategies and education tools such as for training teachers on adolescent reproductive health issues. UNFPA has also strengthened the capacity and participation of young people in the assessment and analysis of national reproductive health/HIV planning and programming responses.

Box 4. Young people and HIV prevention

Under the UNFPA Global Youth Partners programme covering 26 countries, support was provided for advocacy training, country needs assessments and action plans, and the launch of a website. Some examples of programme success include: the establishment of Anti-AIDS clubs in Egypt; increased municipal budgets allocated to HIV prevention for young people in the Dominican Republic; and complementary youth and parent advocacy networks in Ghana. In Asia and Africa over 100 partnerships have been formed to improve the provision of SRH/HIV prevention and services. In Asia, youth centres have been expanded and partnerships formed to coordinate referral mechanisms to ensure that young people's access to information is linked to access to youth-friendly services. Through the African Youth Alliance programme, approximately 750,000 youth were reached with information and services. Work in Latin America and the Caribbean has focused on HIV prevention among youth in especially difficult circumstances. In Eastern Europe and Central Asia, Y-PEER, an information/education programme has reached over 2 million young people and has been expanded to include the Arab States.

47. Women. Women face a triple threat of gender inequality, poverty and HIV/AIDS. Women are biologically more vulnerable to HIV infection and other STIs. Roughly 47 per cent of the 15,000 new infections each day are in women of childbearing age. In sub-Saharan Africa, 57 per cent of adults with HIV are women, and 76 per cent of young people living with HIV are female. Through the Global Coalition on Women and AIDS, as co-conveners, UNFPA, IPPF and Young Positives have advanced understanding of key challenges to

effectively intervene to prevent infection in women and girls and catalyzed country level action. UNFPA has been a strong advocate for linking HIV/AIDS with maternal health. Such linkages form a key element in the joint UNFPA/WHO/UNAIDS/IPPF framework on linkages and are at the heart of programming on prevention of mother-to-child transmission.

48. UNFPA coordinated the sixth regional conference of African Women Ministers and Parliamentarians on combating gender-based violence towards achieving the MDGs, which brought together over 200 women ministers and parliamentarians from 50 countries. The event resulted in a regional declaration on gender-based violence, clearly identifying the interlinkages between poverty, HIV/AIDS, and SRH. In addressing gender-based violence in 40 countries in varying stages of conflict, emergency or recovery, UNFPA has worked with partners to deliver reproductive health information and services, including HIV prevention. A toolkit on engaging young men in HIV prevention has been field- tested in Latin America and the Caribbean region where UNFPA has supported 14 Governments in institutionalizing gender and SRH in the national police and/or armed services. With EngenderHealth, UNFPA has developed and is implementing a comprehensive intervention package for HIV prevention in pregnant women and mothers. WHO and UNFPA jointly developed the publication *Sexual and Reproductive Health of Women Living with HIV: Guidelines on Care, Treatment and Support for Women Living with HIV and their Children in Resource Constrained Settings*. Also, UNFPA and UNICEF have launched the "Options and Opportunities" website targeting adolescent girls.

49. Condom programming. Improving access to male and female condoms and promoting their correct and consistent use are essential for reducing the transmission of HIV and other STIs that contribute to the spread of HIV. The Fund's approach has three distinct dimensions: procurement of quality condoms; programming of condoms; and commodity management. Technical assistance is provided through the UNFPA CSTs, in addition to the provision of tools, guidelines and commodities. UNFPA supports capacity development at the country level and also addresses barriers to condom use. WHO, UNAIDS and UNFPA have developed a joint position statement on condoms and HIV prevention, underlining that correct and consistent use of condoms is effective in the prevention of transmission of HIV and other STIs. At a global consultation convened in 2005 by UNFPA and a number of its partners, world experts came to an agreement to work together to intensify condom programming.

50. The Global Condom Initiative is being implemented in 23 countries and aims to increase access and use of male and female condoms as well as provide examples of good practice. In Nigeria, 80 master trainers were trained on female condom programming and are in the process of training trainers in all 37 states. Education and sensitization on the female condom through mass media are part of the efforts in the Caribbean region. In Asia, within the context of a comprehensive prevention approach, outreach programmes and peer educators have proven a valuable mechanism to facilitate youth access to condoms. Operational socio-cultural research on condom utilization among sexually active young people has included the development and validation of promotional messages and an understanding of the pathways that young people use to communicate about condom use. Three new brochures for youth and a manual for peer educators on dual protection were developed and 80 peer educators trained in Ukraine.

51. Challenges. A key challenge for the United Nations system is to translate commitment to the GTT recommendations into changes in how the United Nations and the Global Fund work in supporting countries. This requires a shift in ways of working, both within and between United Nations organizations, to ensure greater country ownership, stronger mutual accountability and a greater results focus. Another challenge is the relatively low level of engagement of women's groups and reproductive health groups in making the necessary linkages between sexual and reproductive health and HIV/AIDS.

4. Adolescents and youth

52. Breaking the cycle of poverty requires addressing young people's vulnerabilities and empowering them to be agents of change for development. Nearly half of the world's 6 billion people are under the age of 25, and many developing countries have large youth populations. Today's generation of young people is the largest in human history and many of them are coming of age in the grip of poverty and facing the risk of HIV/AIDS. The transition to adulthood is marked by challenges that have tremendous social, economic and developmental consequences. The lack of information makes young people, particularly girls, vulnerable to sexual coercion, unprotected sex, HIV/AIDS, unintended pregnancies and unsafe abortion. One-third of women in developing countries give birth by the age of 20; their babies are 1.5 times more likely to die within the first year of life compared to babies born to older mothers. Investing in young people's sexual and reproductive health ensures the well-being of a whole generation and contributes to a healthy and skilled workforce for economic development.

53. Many of the MDG targets directly relate to young people's health and development. Their ability to avoid HIV/AIDS and unwanted pregnancy, to stay in school, to find employment and to acquire necessary life skills will be crucial in their countries' achievement of the MDGs. All young people regardless of background have the right to education and health, without discrimination, including the right to confidential, gender-sensitive, youth-friendly sexual and reproductive health services. The goal of UNFPA is to promote the equal rights of youth and adolescents to develop their full potential and to have a healthy transition to adulthood. Responding to the changes in the environment and new developments following the 2005 World Summit, UNFPA has developed a conceptual framework to more strategically guide the development of effective adolescent and youth programme strategies at regional and country levels. UNFPA promotes adolescent reproductive health (ARH) in policy dialogues at country level in partnership with civil society and other international organizations so that population issues, gender and ARH can be more clearly linked to poverty reduction strategies.

Box 5. European Union/UNFPA reproductive health initiative for youth in Asia

A unique partnership between the European Union, UNFPA and over 70 European and local NGOs seeks to improve the sexual and reproductive health of young people in seven Asian countries -- Bangladesh, Cambodia, the Lao People's Democratic Republic, Nepal, Pakistan, Sri Lanka and Viet Nam – with a special focus on vulnerable and disadvantaged groups. Under the initiative, support has been provided: to develop national policies, guidelines and strategies for adolescent sexual and reproductive health, for example, in Cambodia and Viet Nam; to involve parents and community and religious leaders so that they recognize the importance of reproductive health education and allow their children to visit youth-friendly centres, for example, in Pakistan; to develop culturally specific behaviour change communication strategies and materials, for example, in Nepal; and to establish youth-friendly centres that can provide information, services and referrals in all seven countries. Young people participate actively in the programme activities, including community and national level advocacy. In Bangladesh, for example, peer educators (both girls and boys) provide messages and carry out advocacy to promote gender equality; oppose child marriage; and educate parents on the importance of treating sons and daughters equally, especially with regard to food, nutrition, educational opportunities and health care.

54. As part of global and national advocacy efforts, to include young people in development agendas, UNFPA led an inter-agency effort designed to highlight the links between the everyday lives of young people around the world and the MDGs through a photo exhibit entitled *Chasing the Dream - Youth Faces of MDGs*. The exhibit will travel around the world in 2006 to promote the inclusion of young people in development frameworks. It is also being used as an educational tool in schools in Germany and Finland. UNFPA has focused special attention on excluded and hard to reach population groups. For example, with UNFPA support a programme focusing on married adolescents is going to be scaled up in Ethiopia.

Box 6. Promoting youth participation and leadership

UNFPA has developed an innovative programme to promote youth participation and leadership. The programme has two main initiatives – the Special Youth Programme and the Youth Advisory Panel -- that seek to promote the right of adolescents and youth to participate in programming and to ensure that their voices are heard. The **Special Youth Programme** engages young people aged between 20-24 in programme and policy development. The programme helps to build the leadership capacity of a critical mass of youth to address ICPD and MDG issues; and to enhance the youth-friendliness of UNFPA policies and programmes. The **Youth Advisory Panel** is a mechanism for open dialogue and exchange between UNFPA and young people on issues that pertain to youth and adolescents, including ARH, HIV/AIDS and gender issues. The first meeting of the Youth Advisory Panel took place in 2005. Recommendations of the panel included: (a) developing a State of the World Youth report (written by young people) that would be issued annually along with the UNFPA State of the World Population report; and (b) positioning UNFPA more strategically in the area of adolescents and youth. The global Youth Advisory Panel is being replicated at the country level in approximately 15 countries.

55. To strengthen young people's capacity to advocate for increased access to sexual and reproductive health information, counselling and services, UNFPA and JOICFP are supporting a project in Asia to train young people and youth organizations to develop and implement advocacy strategies and campaigns. In the Latin America region, JOICFP is implementing a regional project to strengthen the quality of adolescent sexual and reproductive health information and services for underserved young people in Ecuador, Mexico and Nicaragua. In collaboration with Governments, faith-based and community organizations, other NGOs and young people themselves, UNFPA, with assistance from the Bill and Melinda Gates Foundation and Belgian Cooperation, supported the integration, scaling up and replication of a comprehensive multisectoral programme on sexual and reproductive health and HIV prevention in Botswana, Côte d'Ivoire, Ghana, Mali, Niger, Uganda and the United Republic of Tanzania.

5. Humanitarian response

56. UNFPA support for reproductive health and reproductive rights in times of humanitarian crises and emergency situations takes many forms, including the provision of pre-packaged supplies, rapid assessments, training and the provision of temporary facilities. Support for crisis preparedness, emergency reproductive health kits, and reconstruction and recovery assistance was provided to dozens of crisis-afflicted countries in 2005. UNFPA was also the sole supplier of male and female condoms in more than 20 countries hosting refugees or internally displaced persons (IDPs). UNFPA partners with UNHCR to distribute these reproductive health commodities. The Indian Ocean tsunami and the Pakistan earthquake created devastating conditions for thousands of women in the affected countries. UNFPA joined numerous partners in a swift emergency response to both crises, and continues to support physical and social reconstruction of the areas affected. Through securing coverage and visibility in the global media, UNFPA was able to highlight the special needs of women during disasters, as well as underscore the need for funding.

57. Earthquake in Pakistan. In the aftermath of the earthquake in Pakistan, UNFPA moved rapidly to address the urgent needs of women, including 17,000 expected to give birth within two months after the quake. The Fund shipped reproductive health kits for a population of 1 million and distributed more than 210,000 hygiene kits for women and girls containing soap, towels, combs, clean sheets and sanitary items. UNFPA deployed nine mobile medical service units and established five permanent health facilities which have treated more than 156,000 people, delivered over 1,200 babies and referred some 2,400 cases to more advanced facilities. Ten additional mobile clinics and 13 permanent facilities are planned in 2006. UNFPA is also working with NGOs on the ground to address issues of security, access and privacy for women and adolescent girls, to create women-friendly spaces for information, literacy services, legal aid, psychosocial counselling and

skills development; and to erect prefabricated bathing spaces near health facilities.

58. Indian Ocean tsunami. UNFPA raised over $27 million for tsunami relief. In Indonesia, a UNFPA-funded census in Aceh and Nias provided data to guide reconstruction planning. Training and supplies helped restore reproductive health services in many tsunami-affected communities, and strengthened the capacity of the Aceh Provincial Health Office and local health workers. UNFPA equipped eight primary health care centres with ambulances and instruments for resuscitation and emergency obstetric care, and deployed mobile units to reach pregnant women in remote villages. Some 320,000 personal hygiene kits were distributed to displaced Indonesians in 2005. In Sri Lanka, UNFPA embarked on the reconstruction of 18 reproductive health services facilities including a maternity complex, several primary health centres, and a dozen medical offices. UNFPA also supported the establishment of 27 women's centres to respond to women's psychosocial needs and to address gender-based violence. In the Maldives, UNFPA procured two fully-equipped health boats to provide emergency care, including transport for women facing complications of pregnancy and childbirth. UNFPA provided reproductive health training for hospital medical staff and community health workers, and recruited several gynaecologists and midwives from abroad to work in hospitals and mobile clinics and train local staff.

59. Data collection and analysis. UNFPA provides support for data collection, analysis and use in conflict and post-conflict countries. In June 2005, the Iraqi planning ministry signed an agreement with UNFPA to train Iraqis to conduct a national census in October 2007. Support is being provided for courses on mapping strategies and data processing using up-to-date technology. UNFPA also began planning in March 2005 for a comprehensive population census in the Sudan – that country's first in more than 20 years.

60. Peacebuilding. The establishment of the Peacebuilding Commission is a major step forward in fostering lasting peace in countries emerging from conflict. UNFPA believes that women and youth must play a central role in peacebuilding. In October, UNFPA sponsored a workshop in Romania to examine the implementation of Security Council resolution 1325 on women, peace and security (see also the Gender section in the present report). At the regional level, UNFPA continues to build on its experience in West Africa working on HIV prevention in peacekeeping operations, and in demobilization programmes (especially in the Mano River States). UNFPA will continue to strengthen and expand collaboration among partner agencies that are involved in HIV prevention among peacekeeping and demobilized personnel and surrounding populations. The Fund is working with partners to develop a strategy on mobilizing men and boys in the fight against HIV/AIDS, especially through the uniformed services.

61. Working with displaced adolescents. The Fund's ongoing, seven-country project working with displaced adolescents yielded important results in 2005. Funded by the Belgian Government, this project focuses on groups found to be at highest reproductive health risk, namely, adolescent refugees and IDPs in Burundi, Colombia, the Democratic Republic of the Congo, Liberia, the Occupied Palestinian Territory, Rwanda and Sierra Leone. In addition to meeting the immediate needs of these specific populations, the adolescent IDP project has served as a means to document the behaviours and risks of forced migrants in general, particularly adolescents, and their access to services and information.

62. Sexual violence in conflict situations. UNFPA is consolidating its growing role as a leader in the area of prevention of sexual and gender-based violence in conflict and post-conflict situations. UNFPA has been active in the development of inter-agency guidelines for sexual violence prevention and response for humanitarian workers, which were rolled out at an international conference held at UNFPA in October 2005. The Belgian Government has been very supportive of the Fund's work in this area, and is working in close coordination with UNFPA on a series of related initiatives, including an international symposium to be held in June 2006, in partnership with the European Commission. At the country level, UNFPA is spearheading

comprehensive programmes to address sexual and gender-based violence in the Democratic Republic of the Congo and the Sudan.

63. Challenges. The Fund's internal consultations and analysis have confirmed that UNFPA is uniquely placed and is perceived as having an important role to play in addressing the needs of women and girls in conflict and post-conflict situations. UNFPA recognized that while it has achieved important results to date, there is a need to systematically scale up and mainstream humanitarian response in UNFPA programming, policies and structures. Towards that end, UNFPA is focusing on enhancing human resources, including capacity development of UNFPA staff; strengthening strategic partnerships; increasing funding; reinforcing logistics, security and administration; and improving communication.

6. South-South cooperation

64. The ICPD Programme of Action emphasized that more attention be given to South-South cooperation and urged donors to improve and modify their funding procedures in order to facilitate and give higher priority to supporting South-South collaborative arrangements. UNFPA has a long history of supporting South-South cooperation and considers it a key element of capacity development. In 2005, UNFPA continued to promote South-South cooperation as an important strategy for implementing ICPD goals and achieving maximum impact with limited resources. These efforts included support for the development of census and population surveys, improvement of planning and delivery capacity for reproductive health services, advancing gender equity and women's empowerment, and the exchange of experiences in applying a culture lens to national population programmes. UNFPA has also provided support to organizations and networks that promote South-South cooperation, including the Partners in Population and Development, an intergovernmental organization.

Box 7. UNFPA promotes South-South cooperation

UNFPA country techinacl services teams (CSTs) played a key role in promoting South-South cooperation in 2005. For example, the CST in Zimbabwe, provided technical support to the New Partnership for Africa's Development (NEPAD) gender task force working with the network of African ministers and parliamentarians; the CST in Nepal, facilitated the sharing of information, training manuals and guidelines on youth-friendly services amongst three countries in the region, and also promoted the engendering of censuses amongst countries in the region for the upcoming round of censuses; the CST in Mexico facilitated South-South exchange between Brazil and Haiti in the area of HIV prevention and care; and the CST in Fiji, trained a pool of national reproductive health experts to provide South-South support. Also worth noting are the recently inaugurated West Africa Reproductive Health Network, the East African Reproductive Health Network, and the Mediterranean Forum on Gender-based Violence.

65. Three main patterns for South-South cooperation appear to be evolving in the area of population assistance. The first one involves bilateral support between countries in relatively similar stages of development, within the same region or subregion, often taking the shape of study tours. This type of South-South cooperation has been observed mostly in African countries, including Burkina Faso, Cape Verde, Equatorial Guinea, Eritrea, Ghana and Kenya, and to a lesser extent in South and South-East Asian countries, including Cambodia, Maldives, Mongolia and Nepal. A second pattern is that of a regional "pivot" country which has vast experience in some or all aspects of the planning and delivery of population programmes, and has become a net provider of technical assistance to other countries in the region. The assistance often takes the shape of training courses offered to recipient-country professionals. Major providers of this type of South-South cooperation include Thailand (assisting Bangladesh, Viet Nam and the Lao People's Democratic Republic); Senegal (assisting Mauritania and Equatorial Guinea); Tunisia (assisting Niger, Sudan and the Syrian Arab Republic); India (assisting Kyrgyzstan and Nepal); and Egypt (assisting the Occupied Palestinian Territory and the Syrian Arab Republic), to name but a few.

66. The third pattern involves countries providing support beyond their own regions. The assistance offered is often all-inclusive, ranging from support for research and analysis, and training to the development of new products, including medical supplies. The leading examples of this modality are found in the assistance provided by Brazil, China and India. There is an additional modality of South-South cooperation that crosscuts the above-mentioned patterns, i.e., culture-centred South-South cooperation. For example, using the culture lens, institutions from Indonesia and the Islamic Republic of Iran have been involved in supporting activities in other Muslim countries (e.g., Afghanistan and Jordan) to foster a commitment to a rights-based approach to reproductive health service delivery. Similarly, Bangladesh hosted a study visit for Sri Lankan Muslim, Hindu and Buddhist religious leaders to exchange views on reproductive health/family planning and gender issues from a religious perspective. This approach to South-South cooperation capitalizes on cultural affinity and a sense of regional belonging.

B. Population and development

67. Population trends and dynamics affect prospects for poverty reduction and sustainable development, as underscored in the ICPD Programme of Action. Poverty is influenced by and influences population dynamics, such as population growth, age structure, and rural-urban distribution. Poverty perpetuates poor health and rapid population growth, and vice versa, and high fertility can exacerbate poverty. These population dynamics have a critical impact on a country's development prospects and specifically on prospects for raising the living standard of the poor. Investments in better health, including reproductive health, are essential for individual security and for reducing mortality and morbidity. Improved reproductive health helps individuals, families and countries break out of poverty traps. In short, achieving reproductive health underpins all the MDGs. As underscored by the Secretary-General, "the Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning".

68. The translation of population decline into poverty decline at the macro level is not automatic. It depends on the overall level of development and the existence of economic, social, pro-poor, rights- and gender equality-based policies. As the leading multilateral agency focusing on population and reproductive health, UNFPA has a crucial role in ensuring that population-poverty linkages and the ICPD rights-based agenda are integrated into all poverty reduction development frameworks and strategies.

1. Monitoring progress toward the MDGs

69. Data collection, analysis and use. The need to make accurate and timely population-related information available has become more pressing than before, given the important need to monitor progress toward the MDGs. Building on initiatives begun in 2004, UNFPA focused support in 2005 on data collection, analysis and use. Specifically, UNFPA focused on strengthening the capacity of developing countries to: (a) monitor progress towards the MDGs; and (b) implement the 2010 round of population and housing censuses. Funding for these activities included a major contribution from the Government of Luxembourg. In collaboration with the United Nations Statistics Division, UNDP, UNICEF and United Nations Habitat, UNFPA organized regional training workshops on data and indicators to monitor the MDGs. In Zimbabwe, UNFPA spearheaded the creation of the national development indicator database.

70. Support for censuses. Responding to the call of the United Nations Statistical Commission, UNFPA has increased its support to population and housing censuses. In February 2005, UNFPA, in collaboration with the

United Nations Statistics Division, organized an advocacy and resource mobilization meeting for the 2010 round of censuses. The meeting resulted in increased awareness of the importance of population censuses in policy planning and in monitoring progress towards the MDGs. UNFPA has developed a knowledge asset on population and housing censuses (an information tool for the exchange of experience and knowledge) to enable UNFPA country offices to better assist countries in conducting their 2010 round of population and housing censuses. In November 2005, UNFPA and the United Nations Statistics Division organized a regional workshop in Cameroon for national counterparts from sub-Saharan African countries. The workshop contributed to strengthening the advocacy and resource mobilization skills of the participants. Similar workshops will be organized in other regions during 2006. UNFPA is focusing on sensitizing developing countries regarding the importance of conducting censuses and the need to place data collection and use high on their agenda, including funding them in their national budgets.

2 Emerging issues

71. Population ageing and international migration are two important and emerging issues which are now receiving more focused attention than before. Neither phenomenon is new and both have implications for demographic dynamics and sustainable development. Of concern to both developed and developing countries, the two issues need to be accorded higher priority in policy dialogues and poverty reduction strategies.

72. Until very recently, there had not been much multi-stakeholder dialogue or adequate funding for issues related to international migration. However, this seems to be changing with the publication of the report of the Global Commission on International Migration; the appointment of the Secretary-General's Special Representative for International Migration; the deliberations on international migration at the 2006 session of the Commission on Population and Development; and the upcoming High-Level Dialogue on International Migration and Development scheduled to take place in September 2006 at the United Nations General Assembly. Similarly, while population ageing has not been at the forefront of population and development issues, it is expected that this may change since the international community will be conducting a five-year review next year of the Second World Assembly on Ageing.

73. Ageing. Although the Millennium Declaration made no specific reference to older persons, meeting the MDG goal of halving the proportion of people living in extreme poverty by 2015 would require that national development frameworks and poverty reduction strategies address the concerns of the elderly, many of whom live in poverty. The ICPD Programme of Action focused special attention on elderly people, noting that the ageing of populations was both an opportunity and a challenge for all societies. The ICPD Programme of Action called on Governments, in collaboration with NGOs and the private sector, to strengthen support systems and safety nets for elderly people, including elderly poor women who are especially vulnerable.

74. In 2005, UNFPA continued to provide technical guidance and financial support to the International Institute on Ageing (INIA), in Malta, to train policymakers from developing countries to build national capacity to address the challenges of population ageing and to meet the needs of older persons. UNFPA convened an *Advisory Group Meeting on Ageing Issues - Past Experiences and Strategic Directions* in Malta, in April 2005, to discuss the findings of a tracer study of INIA and to plan the Fund's strategy for the way forward, including with regard to UNFPA participation in the review and appraisal of the implementation of the Madrid International Plan of Action on Ageing. Working closely with the United Nations Programme on Ageing and sister agencies, UNFPA provided inputs for the draft framework for the review and appraisal of the Madrid International Plan of Action on Ageing and engaged in inter-agency consultations focusing on ways to assist Governments with the review and appraisal.

75. UNFPA collaborated with WHO on a study to promote increased knowledge of the determinants that impact women's health as they age. The study documents the policy implications of the determinants of health, culture and gender on the health of older women. The results of the study are intended to be used as a resource for policy formulation and evaluation. In 2005, UNFPA provided support to Nihon University's Population Research Institute (NUPRI) to examine the social and economic policy implications of demographic transitions, including ageing. The NUPRI research project focuses on four Asian countries at different levels of economic and social development – China, India, the Philippines and Thailand.

76. Migration. The report of the Global Commission on International Migration has provided a framework for the formulation of a coherent, comprehensive and global response to migration issues. As a new member of the Global Migration Group, UNFPA looks forward to actively working within the group to carry forward the ICPD perspectives and recommendations. During 2005, UNFPA continued to support country level capacity development for formulating migration policy through its support for the International Migration Policy Programme (IMP) review. The summary report of the evaluation provided recommendations for strengthening the role of regional consultative processes, and the regional reports highlighted progress in such areas as migration data development, migration and health, migration and gender, and human trafficking. Recognizing that international migration was one of the more important issues to emerge from the ICPD, UNFPA and IMP issued a joint publication entitled *Meeting the Challenges of Migration: Progress Since the ICPD*. The report takes stock of the progress made since ICPD in the area of international migration. In May 2005, UNFPA hosted an expert group meeting on *International Migration and the Millennium Development Goals* in Marrakech, Morocco. The meeting examined migration as both a facilitating and constraining factor in the achievement of the MDGs.

77. UNFPA has funded and collaborated with UNITAR in the organization of the UNFPA/UNITAR series of workshops on key migration issues for United Nations delegations to provide government officials with current information on migration issues. The International Organization for Migration (IOM) has also collaborated on these workshops. The workshop on international trafficking in human beings was held in October 2005. Other recent workshops in the series have been on labour migration (held in March 2006) and contributions of diaspora (held in May 2006). Delegations have commended the workshops for being timely and useful in preparing for the High-Level Dialogue on International Migration and Development in September 2006.

78. Challenges. A major challenge is that population ageing and international migration have not been given high priority in national development agendas and poverty reduction strategies. Additional advocacy work and capacity development are needed to enable countries to implement policies and programmes to address these important and emerging issues. The issues cannot be ignored as they have major consequences and implications for various facets of human life and a significant impact at both the macro and micro levels of development. International migration, for example, has implications for demographic behaviour and reproductive health outcomes. The feminization of migration and the abuses often experienced by women migrants call for the recognition of gender equality and women's empowerment as being integral to policy making, planning, programme delivery and monitoring. Similarly, population ageing has major implications for health and health care, family composition, living arrangements, as well as economic growth and labour markets

C. Gender

79. Gender equality is, first and foremost, a human right. Women are entitled to live in dignity and in freedom from want and from fear. Empowering women is indispensable for advancing development and reducing poverty. The importance of gender equality is underscored by its inclusion as one of the eight MDGs. Furthermore, as underscored in the UNFPA 2005 State of World Population report, gender equality is essential for achieving the other seven MDGs. Gender equality and women's empowerment constitute a key goal of the UNFPA MYFF and gender issues are mainstreamed throughout UNFPA programmes.

80. A striking aspect of the Fund's work is the emphasis placed on using a culture lens and a human rights approach. For more than thirty years, UNFPA has been at the forefront of advocating for women, promoting legal and policy reforms and gender-sensitive data collection, and supporting projects that improve women's health and expand their choices in life. In promoting gender equality and women's empowerment, UNFPA has collaborated with a range of partners, including United Nations entities such as the Office of the Special Adviser to the Secretary-General on Gender Issues and the Advancement of Women, UNIFEM, UNICEF and WHO; bilateral agencies; and NGOs/CSOs such as the Young Women's Christian Association, and the International Research Center on Women. In 2005, UNFPA was actively involved in the Beijing+10 review.

81. Gender mainstreaming. UNFPA mainstreams gender concerns into all population and development programming as a primary means of achieving gender equality, equity and the empowerment of women. The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the ICPD Programme of Action and the Beijing Platform for Action guide the Fund's work in the area of gender mainstreaming. In promoting gender mainstreaming, UNFPA supports capacity development of government officials, medical staff, and personnel of the judicial system, including judges, lawyers, paralegal staff and the police. UNFPA also supports capacity development of national and international NGOs and human rights institutions. Activities have included developing gender strategies, gender audit and gender budget methodologies, mainstreaming gender in planning processes, reviewing legislation and supporting legal reform, and enhancing women's decision-making capacity at all levels. UNFPA supports economic empowerment and microcredit initiatives. The Fund addresses the feminization of poverty through integrating gender concerns in macroeconomic policies and poverty reduction strategies.

82. Gender-based violence. Gender-based violence (GBV) is one of the most pernicious forms of gender discrimination. UNFPA has focused great attention and technical and financial resources to addressing this problem. At the country level, UNFPA has supported major efforts to end gender-based violence. For example, a regional programme for 20 countries in Africa was developed to scale up efforts to fight gender-based violence. The Women Ministers and Parliamentarians network is being trained in cooperation with the Center for African Family Studies to enhance national advocacy efforts and accord high priority to addressing GBV. In collaboration with the Canadian International Development Agency, UNFPA launched a South-South and North-South regional initiative in Morocco: the Rabat Declaration and Plan of Action on GBV aims to implement and institutionalize a comprehensive approach in addition to the creation of a GBV Mediterranean Forum. In India, in partnership with national counterparts, other United Nations agencies and civil society organizations, UNFPA continues to advocate on the issue of sex selection and has supported the development of resource material to generate awareness on the issue. In the Latin America and Caribbean region, the Gender Council of the Commission of Heads of Police in Central America and the Caribbean, with UNFPA support, is working to improve responses to GBV through gender-sensitive training in the police academies.

83. Along with its partners, UNFPA contributed to the implementation of Security Council resolution 1325 on women, peace and security, through supporting the delivery of reproductive health information and services, including HIV/AIDS prevention; and preventing and responding to sexual and gender-based-violence. The main focus of UNFPA efforts was building the capacity of women's groups; empowering women and youth to

participate in political processes and peacebuilding exercises; ensuring that women's rights are integrated into legislative reform; and training peacekeepers and members of the uniformed services in gender, HIV/AIDS prevention and reproductive rights.

84. In October 2005, under its Women, Peace and Security initiative, UNFPA sponsored a workshop in Bucharest, Romania, on reassessing institutional support for Security Council resolution 1325. The workshop participants – UNFPA staff, partners and international experts – focused on ways to narrow the gap between the provisions of this legal instrument and the reality on the ground. The keynote speaker underscored that violence against civilians, especially women, had become a tool of war. 80 per cent of the victims were civilians. The difficulties of protecting women and girls and preventing GBV in conflict-affected areas were revealed in the five case studies presented at the workshop. The case studies underscored the strong links between armed conflict and the many forms of violence against women and girls.

Box 8. Partnering with the uniformed forces in Latin America and the Caribbean region

In Latin America and the Caribbean region, UNFPA has helped to institutionalize elements of Security Council resolution 1325 in the armed forces and the police in 14 countries. This has included integrating human rights, including women's rights, sexual and reproductive health, maternal health and HIV prevention components into the policies, procedures, protocols, training curricula and health services of uniformed forces. Large numbers of people have benefited through the expanded health services, including the families of the forces and people in remote areas. In some cases the uniformed forces have created special health units that reach out to people in remote areas and provide information and services, including on reproductive health and GBV. The success of the UNFPA programme in Honduras earned it the highest national military award given to a civilian institution. In addition, the Economic Commission for Latin America and the Caribbean recognized the programme as a regional best practice.

85. In the Africa region, UNFPA played a lead role in a number of countries in addressing GBV. For example, in the Democratic Republic of the Congo, UNFPA is the lead agency in a joint programme on prevention of and response to sexual violence against women, young people and children. The joint programme, which involves the Government, UNICEF, OHCHR, UNFPA and national and international NGOs, is focusing on assisting the affected people through the provision of medical services, psycho-social support, legal assistance and economic support. The programme has attracted donor support from Belgium, Canada, Germany and New Zealand. In Burundi, UNFPA collaborated with UNDP, UNICEF and UNIFEM to support sensitization on GBV prevention, as well as the provision of psycho-medical treatment and legal assistance to the victims of sexual violence.

86. A broad-based platform of interventions is under way in the area of culture. UNFPA staff members in the field and at headquarters are being trained to ensure cultural sensitivity throughout the programming process. Case studies and good practices on culturally sensitive approaches to end gender-based violence in Bangladesh, Colombia, Ghana, India, Kenya, Mauritania, Mexico, Morocco, Romania, Sierra Leone and Turkey have been completed and operational tools for country programmes are been finalized. UNFPA also works to build the capacity of its staff on rights-based programming to ensure that UNFPA programmes are addressing the rights of poor people, young people and marginalized groups. A training manual based on successful country experiences will be developed in partnership with the Center for Health and Human Rights, Harvard University. UNFPA is playing an active role within the Action 2 Initiative of the Secretary-General to promote human rights within the United Nations system. UNFPA has led joint work on CEDAW together with WHO, UNICEF and UNIFEM. Through European Union funding, UNFPA is providing financial and technical support to the United Nations Special Rapporteur on Human Rights to enhance the focus on reproductive rights and women's rights in his work.

87. Several initiatives are under way that aim at integrating gender mainstreaming and culturally sensitive and rights based programming. At the global level, UNFPA is conducting a review of its corporate gender mainstreaming strategy through a wide internal consultation process and an analysis of its interventions at the global, regional and national levels. In 2005, UNFPA and UNIFEM conducted an analysis of the gender accountability mechanisms within the UNDG agencies. UNFPA and UNIFEM are also working together in Central American countries to promote indigenous women's rights. In Georgia, UNFPA, in collaboration with UNDP and UNIFEM, is supporting the newly established gender equality machineries to develop a solid gender equality state strategy comprised of three interlinked documents: a state policy on gender equality; a national plan of action for 2007-2009; and a package of recommendations on gender equality monitoring mechanisms. UNFPA, UNDP and UNIFEM are working to ensure the full involvement of civil society organizations, including women's NGOs, in the policy dialogue and the elaboration of the state strategy. UNFPA will also provide special training to parliamentary committees on gender analysis of legislation.

88. Gender budgeting. Under its strategic partnerships programme, UNFPA is funding UNIFEM in developing a training manual for the gender advisers of both organizations. The manual will enable staff to develop gender budgeting initiatives at country level. The initiatives would include advocacy and training of parliamentarians, Ministry of Finance officers, and officers from the women's machineries and civil society organizations to enable them to advocate for and ensure appropriate budget allocations to address gender issues.

89. Male involvement. The involvement of men and boys is becoming a full component of the Fund's work on gender equality. Partnering with males is essential for the achievement of equality. Restrictive gender norms and stereotypes limit possibilities for both sexes and gender equality is a winning proposition for both women and men. Working with adolescent boys at a formative and potentially risky time in their lives offers the greatest opportunity to instill equitable gender values and encourage the next generation of young adult males to question the very norms that have denied the human rights of their sisters, mothers, wives and daughters. As a result of a UNFPA-supported community health project in Uganda on reproductive health and education, young men spontaneously formed pressure groups to oppose female genital cutting. The project was carried out in partnership with the Sabiny Elders. In Viet Nam, the emphasis on men sharing domestic responsibilities was promoted through a campaign whose slogan is: "If you share housework with women, happiness will be doubled." In Peru, the ReproSalud project trained male educators to help men in poor and indigenous communities to become aware of and think critically about gender norms and reproductive health and the ill effects of gender discrimination.

90. Challenges. A major challenge is the issue of how to scale up gender equality interventions at the country level and reach out to rural areas when resources are limited. UNFPA is committed to strengthening its monitoring and evaluation systems so as to measure progress and impact of gender equality interventions against resources allocated. Periodic gender assessments/gender auditing are needed to enhance quality control, harmonization and cross-fertilization. As per the recommendations of the UNFPA-UNIFEM gender accountability study, UNFPA is strengthening its performance assessment system on gender mainstreaming – all staff will be encouraged to take training on gender mainstreaming and all managers and professionals will be held accountable.

III. INVESTING IN ORGANIZATIONAL EFFECTIVENESS

91. In 2005, together with mobilizing support for the World Summit priorities and promoting United Nations reform, UNFPA has led the way in assisting countries in implementing the ICPD agenda and the MDGs. Building and sustaining partnerships and mobilizing resources are key dimensions of the Fund's work. In order to effectively and efficiently deliver assistance to countries in the MYFF priority areas of reproductive

health, population and development, and gender, UNFPA is committed to strengthening organizational effectiveness at all levels through advancing results-based management and aligning organizational processes, systems, structures and culture with its strategic direction.

A. Resource mobilization and monitoring resource flows

92. In 2005, UNFPA continued its leadership role in mobilizing and monitoring resources for population and reproductive health programmes. In collaboration with the Netherlands Interdisciplinary Demographic Institute (NIDI) and UNAIDS, UNFPA collects, analyses and disseminates data on international population assistance and domestic financial resource flows for population activities focusing on the four categories of the ICPD costed population package: family planning services; basic reproductive health services; STD/HIV/AIDS activities; and basic research, data and population and development policy analysis. The collaboration enabled UNFPA to continue its lead role in monitoring progress towards achieving the ICPD goals in the area of resource mobilization. UNFPA used the data, inter alia, to prepare the Fund's annual *Financial resource flows for population activities* report; the advocacy brochure, *Financing the ICPD Programme of Action: Data for 2003, Estimates for 2004/2005;* and the report of the Secretary-General on the *Flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development* (E/CN.9/2006/5), submitted to the Commission on Population and Development at its thirty-ninth session in April 2006.

93. The Report of the Secretary-General noted that although the international community had not reached the ICPD financial target of $17 billion for 2000, the slow but steady progress since then, thanks in large part to the increase in funding for HIV/AIDS, had ensured the attainment of the 2005 targets for both international donor assistance and domestic expenditures for population activities. Donor assistance for population was estimated at almost $5.3 billion in 2004 and is estimated to have further increased to $6.1 billion in 2005. Domestic expenditures are estimated at $14.5 billion in 2004 and a rough estimate of resources mobilized by developing countries, as a group, yielded a figure of almost $14.9 billion for 2005. However, it should be underscored that even if the estimates prove correct and the goal is met, there are urgent unmet needs. The reasons for this is that the financial targets were fixed over ten years ago, with cost estimates and estimated needs based on experience to date as of 1993. Since that time, both costs and needs have skyrocketed. The reality is that the ICPD financial targets are out of date and are not sufficient to meet today's evolving needs. For example, the escalation of the AIDS pandemic had not been foreseen earlier. In 1994, 14 million people were said to be living with HIV/AIDS; this number increased to an estimated 40.3 million in 2005. UNAIDS estimates that global resource requirements amount to $15 billion in 2006, of which $8.4 billion is required for prevention and $3 billion for treatment and care. By contrast, the ICPD financial targets of $1.4 billion in 2005 and $1.5 billion in 2010 (for STD/HIV/AIDS prevention activities only) are far below the current estimated requirements.

94. The ICPD Programme of Action called for innovative financing for population activities, including new ways of generating public and private financing resources. In line with that, UNFPA is exploring innovative ways to finance its operations. Special efforts have been made to mobilize resources from the private sector and a set of tools has been developed to enable UNFPA staff to engage private sector corporations and companies. To guide its staff, UNFPA recently issued a pro bono contribution policy and added a new section to the Policies and Procedures Manual focusing on working with the business sector. These efforts have already translated into some concrete initiatives at country level. For example, Farm Invest Ltd., a local pharmaceutical company, is contributing to the UNFPA-supported family life education programme in Azerbaijan; and Johnson & Johnson is supporting both the Campaign to End Fistula in Africa and a reproductive health programme for adolescents in Turkey. In an effort to facilitate receiving funds from private individuals via the Internet, UNFPA has

installed an online system for donations. Also, at the invitation of Brazil and France, UNFPA has joined the Pilot Group on Solidarity Contributions for Development, and is participating in discussions concerning the creation of the International Drug Purchase Facility.

95. Challenges. The challenge before the international community is to continue to mobilize the required resources to implement the ICPD agenda and achieve the MDGs. It is particularly important to reach the official development assistance (ODA) target of 0.7 per cent of gross national product (GNP) and to make sure that adequate resources are allocated to population and reproductive health in funding and programming mechanisms such as sector-wide approaches and poverty reduction strategies. It is equally important to ensure that adequate resources are allocated to all areas of the ICPD costed population package noted above.

96. Many countries are finding it difficult to report their expenditures for population activities. Institutionalizing data collection and ensuring its sustainability at country level continue to be a major challenge. Other challenges include capturing funding originating at lower administrative levels in countries with decentralized systems, estimating the population component in integrated projects and SWAps, and capturing private-sector and out-of-pocket expenditures. The UNFPA/UNAIDS/NIDI Resource Flows Project is addressing these challenges in a number of ways including outsourcing domestic data collection to a local institution, developing a reproductive health account as a tool for monitoring population and AIDS expenditures, developing techniques for estimating population and AIDS expenditures in integrated projects and SWAps, and conducting studies on out-of-pocket expenditures.

B. Human resources

97. Promoting excellence in human resources is a central tenet of the Fund's investment in organizational effectiveness. In 2005, UNFPA continued to place high priority on accountability leadership development, performance management, staff learning and training, recruitment and rotation, and human resource planning. UNFPA actively participates in and promotes United Nations reform and is focusing special attention on becoming a more field-focused organization.

98. Staffing in the country offices was strengthened through periodic competency-based recruitment drives for Representatives and Deputy Representatives. An evaluation was undertaken of the job profiles and classified levels of UNFPA Representative and Deputy Representative posts. Given the strategic role the staff members play in advocating for reproductive health issues in national development policies and participating in the United Nations reform process, this project will help in the optimal placement of talent into key country office positions. UNFPA is taking the lead role in the implementation of Atlas eRecruit – an online application and recruitment system – that will streamline vacancy management and facilitate the maintenance of talent rosters. In response to escalating global security concerns and the need for all entities in the United Nations system to provide safeguards, UNFPA recruited three regional Security Advisers in 2005 to provide security and advice to UNFPA country offices in the Africa region, the Arab States and Europe region, and the Asia and the Pacific region. The security needs of the Latin America and Caribbean region are covered by the Security Coordinator at headquarters.

Box 9. Building rapid response teams at UNFPA

UNFPA has created "HEARTS" -- Humanitarian and Emergency Assistance Response Teams -- and is building a "rapid response" roster of staff with specialized skills and experience who can be deployed at short notice to meet staffing needs in emergency and crisis situations. In addition, an emergency team (of three staff members from the UNFPA Procurement Service Section based in Copenhagen) has been established and focuses on rapidly filling emergency requests for reproductive health commodities, including reproductive health kits. The team utilizes a newly developed software – Emergency Stock Manager – that allows them to efficiently track orders and shipments and maintain minimum stock levels at all times. In the area of press and media coverage, the recruitment of five regional information advisers has multiplied the Fund's media outreach and helped to increase the number of stories featured on the Fund's website. The advisers have provided notable assistance to the country offices.

99. The proportion of professional staff completing a learning programme provided by the UNFPA Learning and Career Management Branch rose to 79 per cent in 2005 compared to 43 per cent in 2004. The Branch designed "Raising the Voice of UNFPA" -- a training programme for UNFPA Representatives and CST Directors -- to enhance leadership skills, including in such areas as leading change, persuasion, negotiation and influence without authority. The training includes a focus both on developing partnerships to promote population and development issues and on resource mobilization. Fifty-three Representative and CST Directors took this training course in 2005. Given the context of the changing aid environment in which policy dialogue and influencing skills are essential for all programme staff at field level, this training will be offered in 2006 for Deputy Representatives in the UNFPA country offices. Distance-learning courses were made available to staff at all locations. To reinforce individual accountability within UNFPA, implementation of the Performance Appraisal and Development (PAD) system continued in 2005, with improved features, making it a more effective instrument. Aside from its use as a performance planning and appraisal tool, the PAD provides data to identify trends in competency gaps across the organization, in order to develop staff learning programmes.

100. The delegation of human resource authority to the Executive Director necessitated the conversion of staff contracts from UNDP letters of appointment to UNFPA letters of appointment; as well as the development of UNFPA-specific human resource policies, including on fraud, accountability, disciplinary measures and procedures, harassment, including sexual harassment, and abuse of authority in the workplace. With a view to harmonization, a number of the new UNFPA policies were developed in collaboration with other United Nations system entities.

101. UNFPA participates actively in UNDG processes, including strengthening of the Resident Coordinator system in the areas of selection, placement and performance assessment. The Fund is an active participant in the High-level Task Force on Selection of Resident Coordinators and is a member of the Inter-Agency Advisory Panel, which reviews candidates for resident coordinator positions. The Director of the Fund's Division for Human Resources is chair of the Resident Coordinator Issues Group for 2006. UNFPA also participates in other UNDG working groups, including on the joint office; and human resource services. The Fund has actively supported implementation of a major United Nations reform initiative, the joint office model in Cape Verde. Other United Nations system collaborations have included development of the e-course on harassment, sexual harassment and abuse of authority in the workplace; and HIV/AIDS in the workplace programmes. In 2005, learning activities pertaining to DevInfo (a database system with indicators to monitor sustainable development) were emphasized in the collaboration with UNDG. UNFPA CST staff and other country office staff have benefited from the training-of-trainer courses in common country programming process topics offered at the United Nations System Staff College in Turin, Italy. Once trained, the staff provide training and support to national UNFPA staff on these new programming processes.

C. Results-based quality programming

102. Following the 2005 World Summit at which world leaders affirmed the ICPD goal of achieving universal access to reproductive health by 2015 by integrating it in national strategies to attain the MDGs, UNFPA intensified its effort to ensure that programming at all levels focuses on incorporating of reproductive health, prevention of HIV/AIDS among adolescents, and gender equality and empowerment of women into national development programmes, plans and strategies. A corporate strategy for follow-up to the World Summit is being implemented as part of the joint United Nations response to the summit agreements. The strategy envisages full technical and operational support, including provision of innovative programming tools, multi-faceted technical assistance, strengthening offices and building the capacity of counterparts in 12 to 15 pilot countries covered by the Millennium Project with further scaling up to include more countries at a later stage.

103. Monitoring and evaluation. Results-based planning, monitoring and evaluation are essential for tracking progress in achieving programme results. UNFPA accords high importance to these functions. The proportion of country offices with a country programme that have implemented at least 75 per cent of their field visit monitoring plans increased from 61 per cent in 2004 to 69 per cent in 2005. During the period 2002-2005, UNFPA conducted 497 country-level evaluations, 23 regional and 18 global evaluations. Overall, monitoring and evaluation are becoming more participatory. Almost all country offices involve national counterparts in planning, monitoring and evaluation activities. Details of the Fund's evaluation and monitoring work are contained in the report on evaluation (DP/FPA/2006/5).

104. An external evaluation of the Fund's Technical Advisory Programme (TAP), which includes the CSTs and the strategic partnership programme, was conducted in 2005 and found that: (a) the TAP provides UNFPA with a coherent system with which to deliver technical support to countries; (b) the TAP has increased the accessibility and use of technical information and is a cost-effective way of supporting capacity-building at country, regional and subregional levels; and (c) the TAP has been instrumental in supporting country office implementation of United Nations reform processes. The evaluation noted that the implementation of the TAP required some adjustments to ensure that the programme remains effective and responsive to country needs in a changing environment. In 2005, UNFPA commissioned an evaluation quality assessment (EQA), the first time a systematic meta-type assessment of evaluation quality was undertaken within the Fund (see also DP/FPA/2006/5). The EQA analysis found, inter alia, that the contribution of UNFPA interventions towards building national ownership and capacity development were reasonably well assessed in the evaluations examined.

105. To provide essential guidance on results-based planning, monitoring and evaluation to UNFPA staff and national counterparts, the Programme Manager's Planning, Monitoring and Evaluation Toolkit has been updated. UNFPA has also established a web-based MYFF Impact Tracking (i-Track) system which collects, analyses, maps and disseminates information and data on achievement of country and intercountry programme outputs and contributions of country offices and headquarters units towards the MYFF results. To further strengthen results-based quality programming, UNFPA is focusing on environmental scanning and analysis to look into global issues that affect the organization and its position vis-à-vis external and internal strategic issues, including United Nations reform. This system will be gradually expanded to every level of the organization to provide technical and political scanning and analysis. UNFPA has benefited from a recent assessment of multilateral organizational effectiveness of 23 organizations carried out by the United Kingdom Department for International Development.

106. Challenges. Measuring the impact of UNFPA activities remains a challenge to be met by the forthcoming medium-term strategic plan for 2008-2011. The Fund plans to increase the number of evaluations focusing on strategic issues and to build evidence of the impact of UNFPA assistance at the country level, and globally. Measuring impact and managing risks are two increasing demands on the evaluation and audit functions in UNFPA (see also DP/FPA/2006/4).

107. Results-based budgeting. In 2005, UNFPA continued to work closely with UNDP and UNICEF in developing a harmonized approach to results-based budgeting. UNFPA, together with its sister agencies, aims to address the challenge of linking costs to programme and management results, and having a simpler, more transparent and flexible budgeting process which supports effective and efficient delivery of results at all levels of the organization. It is envisaged that a mock-up of the results-based budget will be presented to the Executive Board in January 2007.

108. Atlas system. The Atlas system has considerably strengthened internal controls and increased the transparency of the financial operations. It has enabled improvements in both financial monitoring and reporting. Atlas provides a powerful mechanism for country offices to track their programme implementation on a real-time basis. The system allows for a comparison between budgets and actual expenditures at the lowest level of granularity, i.e., programme projects. Importantly, it also captures commitments and encumbrances that have not yet resulted in actual expenditure. This feature in Atlas provides a status update on programme delivery and serves as an effective tool for budgetary control. Country offices also use Atlas for systematically managing posts and maintaining inventory.

109. UNFPA is working on implementation of wave II of the enterprise resource planning (ERP) system which will place programme management into the Atlas environment and will considerably enhance the programme planning, monitoring and reporting capabilities of the organization; reduce transaction costs; and eliminate duplications in programme management processes. Introduction of a new coding system envisaged in this module will allow UNFPA to produce detailed reports on expenditures by programme area, type of intervention and institutions or groups targeted through the programme interventions. This programme management functionality is being piloted in 10 countries and will be fully operational in 2007. UNFPA is also testing the Atlas system to explore possibilities of providing external access to partners and stakeholders, including enabling donors to track progress of projects they have funded. There are a number of security issues that need to be addressed before electronic external access is operationalized.

110. Knowledge sharing and learning. Knowledge management is a high priority in a results-focused organization. UNFPA is focusing on both the development and enhancement of knowledge assets in MYFF priority areas. A knowledge asset is a tool providing collective know-how on a given topic and is developed by a structured question-and-answer approach. The knowledge asset also provides the names of staff with specific experience in the particular area of the asset who may be consulted for further guidance. Eleven knowledge assets were developed in 2005 (compared to 7 in 2004), including on rights-based and culturally sensitive approaches to programming; reproductive health commodity security; HIV/AIDS; and population and housing censuses. Adoption of the knowledge asset approach to knowledge management by UNDG has positioned UNFPA as a leader in this area of United Nations reform. Currently, UNFPA, UNDP, UNICEF, WHO, and UNAIDS are working on developing a common asset and network on HIV/AIDS. UNFPA has also developed Docushare – a web-based repository of its documents and publications. Docushare provides every staff member with direct access to all substantive UNFPA documents and publications.

111. Challenges. Lack of baseline data for country programmes and the intercountry programme remains a challenge to improving results-based quality programming. There has been some slight progress: the share of

country programme outputs with at least 75 per cent of baseline data has increased from 25 per cent in 2004 to 28 per cent in 2005. The Fund will strengthen efforts to support country offices in helping them establish baselines, relevant indicators and effective monitoring and reporting systems. Consistent efforts have also been made to enhance the timely use and quality of such accountability tools as office management plans, individual performance appraisals, and the annual reporting mechanism.

D. Accountability

112. Accountability is one of the organization's priority pillars. Indeed, enhancing accountability and transparency are key aspects of the Fund's commitment to results-based management and programming. Investing in the Fund's organizational effectiveness is pivoted on strengthening accountability -- accountability to UNFPA beneficiaries and stakeholders, as well as staff accountability to each other.

113. In 2005, the proportion of internal audits with satisfactory or partially satisfactory ratings rose to 85 per cent compared to 78 per cent in 2004. UNFPA undertook a number of initiatives in 2005 to enhance accountability (see also the report on internal audit and oversight, DP/FPA/2006/4). To further strengthen the oversight procedures of UNFPA, the Executive Director decided to appoint an oversight committee of five independent members with a charter consistent with industry standards and the guidance provided by the Secretary-General. The Oversight Committee will advise the Executive Director, inter alia, on: the strategic processes for risk control and governance, the internal control framework; accounting policies; the planned activities and results of both internal and external oversight entities; adequacy of management response to issues identified by audit activity, including the observations and recommendations by the United Nations Board of Auditors; and assurances relating to the corporate governance requirements for the organization. The modus operandi of the Oversight Committee will be re-examined after the completion of the comprehensive review of governance arrangements within the United Nations and its funds, programmes and specialized agencies.

114. With regard to fraud monitoring and control activities, UNFPA undertook several steps in 2005, including the following: a policy was created informing staff of the organization's zero tolerance towards fraud and other serious unethical behaviour. A circular was issued on fraud describing the accountabilities and responsibilities of all staff members. An online whistle-blower hotline was established on the UNFPA website. This service allows both staff and the general public to anonymously report any offences involving UNFPA for further investigation. Furthermore, discussions were held with international private sector accounting firms on implementing a cost-effective anti-fraud programme and controls methodology within UNFPA.

115. In 2005, UNFPA introduced a new internal management tool -- the country office performance monitoring dashboard which comprises a set of critical management indicators that are monitored at the country and regional levels. The 2004 dashboard data was widely shared with all units and field offices, and was also discussed by staff from the UNFPA geographical divisions and country offices during their respective regional annual planning meetings. For the 2005 dashboard, preliminary data pertaining to the four regions shows overall improvement in two regions and partial improvement in the other two regions. However, the progress is uneven at the country level. UNFPA will pay close attention to this finding and will continue to follow-up to improve performance.

116. The MYFF is the centrepiece of external accountability and reflects the contributions UNFPA expects to make to development results; indicators to measure progress; and organizational strategies for achieving the results. Importantly, it defines the organizational management dimensions for becoming a results-focused, effective, efficient and accountable organization. In 2005, UNFPA presented to the Executive Board its first

report on progress in implementing the 2004-2007 MYFF (see DP/FPA/2005/7 (Part I). The report discussed UNFPA progress in achieving MYFF strategic results and highlighted good practices and lessons learned.

117. UNFPA has initiated formulation of its next MYFF/medium-term strategic plan for 2008-2011. An organization-wide consensus on the principles was reached in 2005, followed by an ongoing corporate strategic planning process. Through a broad consultative and participatory process, UNFPA is examining ways to address the challenge of attribution of results and accountability for their achievement to stakeholders. This will be done through defining and measuring the unique development roles performed by UNFPA in its core programme areas and in the country contexts that are emerging under the new development architecture.

118. UNFPA recognizes that it takes time and perseverance to embed results-based management in an organization's culture and processes. Nonetheless, UNFPA is firmly committed to continuing to invest in organizational effectiveness so as to become an even stronger, more field-focused organization, agile and nimble in assisting countries in implementing the ICPD Programme of Action and achieving the MDGs.

IV. RECOMMENDATION

119. The Executive Board may wish to take note of the documents that make up the Report of the Executive Director 2005, DP/FPA/2006/2 (Part I); DP/FPA/2006/2 (Part I, Add.1); and DP/2006/17/Add.1 – DP/FPA/2006/2 (Part II).

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